FORM D

4200

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | |
|---|--------------|--|--|--|--|
| OMB Number: | 3235-0076 | | | | |
| Expires: | May 31, 2005 | | | | |
| Estimated average burden hours per response | | | | | |
| | - | | | | |

| Prefi | 05052513 | |
|-------|----------|--|
| | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| Series B Preferred Stock Offering | | | | | | | | |
| Filing Under (check box(es) that apply): Rule 504 Rule 505 Rule 506 | □ Section PROCESSED | | | | | | | |
| Type of Filing: New Filing Amendment | | | | | | | | |
| A. BASIC IDENTIFICATION DATA | Q APR 2 6 2005 | | | | | | | |
| 1. Enter the information requested about the issuer | /X ALK 5 0 5000 | | | | | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | THOMSON | | | | | | | |
| microHelix, Inc. | EINANCIAL | | | | | | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telepho | one Number (Including Area Code) | | | | | | | |
| | 9-0330 | | | | | | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telepho | one Number (Including Area/Code) | | | | | | | |
| (if different from Executive Offices) | | | | | | | | |
| | | | | | | | | |
| Brief Description of Business Manufacturer and distributor of cable assemblies and ultrasoun | d probes for medical and IVED | | | | | | | |
| commercial markets. | Jes. | | | | | | | |
| | I I was a mane | | | | | | | |
| | <u> </u> | | | | | | | |
| Type of Business Organization | | | | | | | | |
| corporation | | | | | | | | |
| business trust limited partnership, to be formed | <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | | | | | | | |
| Actual or Estimated Date of Incorporation or Organization: Month Year 0 2 9 6 Actual | Estimated | | | | | | | |
| Actual or Estimated Date of Incorporation or Organization: 0 2 9 6 🔀 Actual 🔲 Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | | | | | | | | |
| CN for Canada; FN for foreign jurisdiction) | OR | | | | | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 2. Enter the information requested for the following: | | | | | | | | |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | | |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of | | | | | | | | |
| the issuer; | | | | | | | | |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | |
| Each general and managing partner of partnership issuers. | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full name (Last name first, if individual) | | | | | | | | |
| Williams, James M. | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| 16125 SW 72 nd Avenue, Portland, OR 97224 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full name (Last name first, if individual) | | | | | | | | |
| Pettit, Tyram H. | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| 16125 SW 72 nd Avenue, Portland, OR 97224 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full name (Last name first, if individual) | | | | | | | | |
| Rixford, Terrence A. | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| 16125 SW 72 nd Avenue, Portland, OR 97224 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full name (Last name first, if individual) | | | | | | | | |
| | | | | | | | | |
| Crary, John L. Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| 1110 Burlingame Avenue, Suite 204, Burlingame, CA 94010 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full name (Last name first, if individual) | | | | | | | | |
| Sass, Richard | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| 15055 SW Sequoia Parkway, Suite 170, Portland, OR 97224 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full name (Last name first, if individual) | | | | | | | | |
| Paulson Investment Company, Inc. | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| 811 SW Naito Parkway, Suite 200, Portland, OR 97204 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full name (Last name first, if individual) | | | | | | | | |
| | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full name (Last name first, if individual) | | | | | | | | |
| | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full name (Last name first, if individual) | | | | | | | | |
| | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full name (Last name first, if individual) | | | | | | | | |
| Design Design Address | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) | | | | | | | | |
| (Ose orank sheet, or copy and use additional copies of this sheet, as necessary.) | | | | | | | | |

| 33 | - 1 7 h | . Total | thainst | 有制建设备(| 🦟 🏈 В. I | NFORMAT | TION ABO | UT OFFEI | RING | | | | |
|--|--|--------------|----------------|--------------|--|------------------------|----------------|---------------|--|----------------|--------------|----------|------------|
| 1 | Uac the | a iccuer col | d or door t | ha iccuar in | tend to call | to non acco | raditad inva | store in this | afforing? | | | Yes | No ⊠ |
| 1. | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | | \boxtimes | | |
| 2. | 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | \$ 10,0 | 00 | | |
| | | | | | · | · | | | | | | | |
| 3 | Does th | he offering | nermit ioir | ıt ovmerchir | of a single | unit? | | | | | | Yes ⊠ | No |
| 4. | | T. | • - | - | _ | | | | | | directly, ar | | |
| | commi | ssion or sir | nilar remui | neration for | solicitation | of purchas | ers in conn | ection with | sales of sec | urities in th | e offering. | Ĭf | |
| | a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a | | | | | | | | | | | | |
| | | | | | | for that brol | | | | | | | |
| | | (Last name | | • | | | | | | | | | |
| | | vestment (| | | | | | | , | | | | |
| | | | - | | | ty, State, Zij | p Code) | | | | | | |
| | | ssociated B | | 00, Portland | , OR 9/204 | · | | | | | | | |
| | | vestment C | | | | | | | | | | | • |
| | | | | | or Intends | to Solicit Pu | ırchasers | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | (Check | | s" or check | individual | | | | | | | | _ | All States |
| |]AL | □AK | □AZ | □AR | ⊠CA | □co | □ст | □DE | □DC | \boxtimes FL | □GA | □ні | □ID |
| |]IL | □IN | □IA | □KS | □KY | □LA | □ме | □MD | □MA | □MI | □MN | □MS | □мо |
| |]MT | □NE | \square NV | □NH | □NJ | □NM | \boxtimes NY | □NC | □ND | □он | □ок | ⊠or | □PA |
| |]RI | □sc | □sd | □TN | □TX | UT | □VT | □VA | □WA | □wv | □wi | □WY | □PR |
| Fu | ll name (| (Last name | first, if ind | ividual) | | | | | | | | | |
| | | Capital P | | | | | | | | | | | |
| | | | , | | d Street, Cit | y, State, Zip | Code) | | | | | | |
| | | ssociated B | | | | | | | | | | | |
| | | npany Inve | | | | | | | | | | | |
| | | | | | or Intends | to Solicit Pr | ırchasers | | | | · | | |
| | | | | | | ····· <u>···</u> ····· | | <u></u> | ···· <u>···</u> ····· | ····· | <u></u> | | All States |
| |]AL | □AK | ⊠AZ | □AR | □CA | □co | □ст | □DE | □DC | □FL | □GA | □ні | □ID |
| | JIL | □IN | □IA | □ĸs | □KY | □LA | □ме | □MD | □MA | □MI | □MN | □MS | □мо |
| |]MT | □NE- | \boxtimes NV | □ин | □NJ | □NM | □NY | □NC | □ND | □он | □ок | ⊠or | □PA |
| | תו | □sc | □SD | □TN | TX | UT | □VT | □VA | □WA | □wv | □wı | □WY | □PR |
| Ful | ll name (| (Last name | first, if ind | ividual) | - | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | - | | | | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | |
| | (Check "All States" or check individual States) | | | | | | | | | All States | | | |
| |]AL | □AK | \square AZ | □AR | □CA | □co | □ст | □DE | □DC | □FL | □GA | ПНП | □ID |
| | Jir | □IN | □IA | □KS | □KY | □LA | □ME | □MD | □MA | □MI | □MN | □MS | □мо |
| |]MT | □NE | □NV | □NH | □NJ | □NM | □NY | □NC | □ND | □он | □ок | □OR | □PA |
| | □RI | □sc | □SD | □TN | □TX | UT | □VT | □VA | □WA | □wv | □wi | □WY | □PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt S \$ 2,000,000 Common Preferred Partnership Interests \$ 0 \$ 0 \$ 0 \$ 2,000,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 23 \$ 2,000,000 0 Non-accredited Investors \$ 0 Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 N/A N/A Regulation A \$ N/A N/A Rule 504 \$ N/A N/A Total N/A N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$ Printing and Engraving Costs.... \$ \Box Legal Fees 冈 50,000 Accounting Fees. 15,000 \boxtimes

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) Blue Sky filing fees and miscellaneous expenses

\$

X

 \boxtimes

冈

\$ 135,000

\$ 205,000

5,000

| | C. OFFERING PRI | CE, NUMBER OF INVES | STORS, EXPENSES AN | D USF | OF PROCEEDS | <u>s</u> | |
|-----|--|---|--|------------|--|------------|-----------------------|
| | b. Enter the difference between the a Question I and total expenses furnished the "adjusted gross proceeds to the issuer | in response to Part C - Que | estion 4.a. This differenc | e is | | | |
| 5. | Indicate below the amount of the adjust used for each of the purposes shown. I estimate and check the box to the left of equal the adjusted gross proceeds to the above. | f the amount for any purpor the estimate. The total | ose is not known, furnish of the payments listed m | an nust | | \$ 1 | ,795, 0 00 |
| | | | | Payr | ments to Officers, Directors, & Affiliates | | Payments to Others |
| | Salaries and fees | | | | \$ | | \$ ₀ |
| | Purchase of real estate | | | | \$ | | \$0 |
| | Purchase, rental or leasing and installation | n of machinery and equipn | nent | | \$ | · _ | \$0 |
| | Construction or leasing of plant building | · · · · · · · · · · · · · · · · · · · | | | \$ | | \$ 0 |
| | Acquisition of other businesses (includi that may be used in exchange for the amerger) | ng the value of securities assets or securities of anot | involved in this offering the issuer pursuant to a | | \$ | - — - X | \$1,500,000 |
| | Repayment of indebtedness | | | | \$ | | \$0 |
| Otl | Working capital | | | | <u>\$</u> | - - | \$295,000 \$0 |
| | | | | | | - | |
| | Column Totals | | | | \$ 0 | | \$1,795,000 |
| То | tal Payments Listed (column totals added) | | | • | \boxtimes \$1,7 | 795,0 | 000 |
| | | | | | | | |
| | ा भू भूति है। है है जिल्हा कर है | D. FEDERA | L SIGNATURE | | | | |
| sig | e issuer has duly caused this notice to be s nature constitutes an undertaking by the is ormation furnished by the issuer to any no | suer to furnish to the U.S. | Securities and Exchange (| Commi | ission, upon writte | | |
| | uer (Print or Type) | Signature | | Date | | | |
| | croHelix, Inc. me of Signer (Print or Type) | Title of Signer (Print | or Type) | Apr | il 14, 2005 | | |
| | ram H. Pettit | President and Chief | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | • | | | | | |
| | | | | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)